

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* 119

Place of Birth Solomonville County Graham No. St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	1	and	Number in order of birth
<u>Male</u>				

I HEREBY CERTIFY that the child described herein
has been named

DATE OF BIRTH* June 2 1929
(Month) (Day) (Year)

Alfredo Ybarra Rodriguez
(Give name in full) (Surname)

FULL* NAME Tesús Rodriguez
FATHER

Josefina Y Rodriguez
(Parent's Signature)

FULL* MAIDEN NAME Josefine Ybarra
MOTHER

Dr. R. Parra (sister)
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

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199-602-181